



DEPARTMENT OF HEALTH AND HUMAN SERVICES 2021 ANNUAL REPORT



JUNE 2022

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HEALTH AND HUMAN SERVICES-Administration

Agency Vision Statement: Quality Health and Human Services; for Everyone, by Everyone.

Agency Mission Statement: St Croix County Health and Human Services (HHS) promotes quality services and heightens safety, health, and independence for our citizens by providing a continuum of services enhanced by community collaboration.

Department Summary: The Department of Health and Human Services (DHHS) offers a wide range of service options for county residents of all ages. We assist with determining eligibility for services, offer preventive care and Public Health services, and provide a broad spectrum of support and interventions for children, adults, seniors and families. Our primary goal is to remove barriers for accessing these service options and provide support to our most vulnerable and disenfranchised residents directly and in collaboration with our community partners. The DHHS operates in compliance with equal opportunity policies, all applicable state and federal statutes, and regulations relating to nondiscrimination in employment and service delivery. Consumers seeking or receiving services will not be excluded from participation, denied benefits or otherwise be subject to discrimination in any manner on the basis of race, culture, ethnicity, gender identity, religion, age, or disability. Listed below are the divisions administered within the DHSS:

Summary of Responsibilities:

- Administration Division-6.2 Full Time Employees (FTE's)
- Aging and Disability Resource Center Division (ADRC)-24.23 FTE's
- Behavioral Health Division (BH)-29.2 FTE's
- Children Services Division (CS)-42.95 FTE's
- Comprehensive Community Services (CCS)-29.3 FTE's
- Economic Support Division (ES)-14 FTE's
- Records Division-6 FTE'S
- Public Health Division (PH) -18.57 FTE's
- Health and Rehab Center Campus- 88.44 FTE's
 - ❖ Health and Rehab Center
 - ❖ Kitty Rhoades Memorial Memory Care Center
 - ❖ Orchard View Terrace

2020-2022 HHS Budget Revenues

HHS Revenue			
Program	2020 (Actual)	2021 Budget	2022 Budget
Administration	468,351	500,490	619,290
Behavioral Health	3,041,831	3,052,236	4,231,058
Economic Support	1,192,814	1,139,897	1,139,897
Comprehensive Community Services	4,468,076	5,638,084	5,660,652
Children Services	2,983,403	2,944,241	2,808,886
Public Health	1,866,443	1,071,723	1,063,014
ADRC	1,993,344	1,715,607	1,785,167
Revenue (Grants & Collections)	\$16,014,262	\$16,062,278	\$17,307,964
Budget Tax Levy	6,673,880	7,094,200	7,346,819
Surplus/Fund Balance Applied	16,238	418,739	421,831
Total Revenue	\$22,704,380	\$23,575,217	\$25,076,614

2020-2022 HHS Budget Expenses

HHS Expenses			
Program	2020 Actual	2021 Budget	2022 Budget
Administration	2,059,972	1,783,598	2,072,746
Behavioral Health	4,612,079	4,968,213	5,951,825
Economic Support	1,107,169	1,244,074	1,232,489
Comprehensive Community Services	4,310,979	6,056,822	6,082,483
Children Services	5,692,309	5,584,928	5,833,139
Public Health	2,045,258	1,873,422	1,791,568
ADRC	2,021,809	2,064,160	2,112,364
Total Expenses	\$21,849,575	\$23,575,217	\$25,076,614

2020-2022 HCC Budget Revenues

Health Care Campus Revenue			
Program	2020 Actual	2021 Budget	2022 Budget
Health & Rehab Center	5,204,368	5,799,892	5,921,410
Kitty Rhoades Memorial Care Center	120,886	989,785	1,000,840
Orchard View Terrace	1,060,653	1,926,260	1,956,981
Revenue (Grants & Collections)	6,385,907	8,715,937	8,879,231
Budget Tax Levy	-	-	-
Surplus/fund Balance Applied		(133,988) *	(146,866) *
Total Revenue	\$6,385,907	\$8,581,949	\$8,732,365

*Revenue reduction to balance budgeted revenue to expense. Represents expectation that operational revenue will exceed operational expense (Debt service and depreciation not included in operational budget).

2020-2022 HCC Budget Expenses

Health Care Campus Expenses			
Program	2020 Actual	2021 Budget	2022 Budget
Health & Rehab Center	5,144,137	5,722,476	5,921,410
Kitty Rhoades Memorial Care Center	183,170	990,589	1,000,840
Orchard View Terrace	1,419,091	1,868,884	1,956,981
Total Expenses	\$6,746,398	\$8,581,949	\$8,879,231

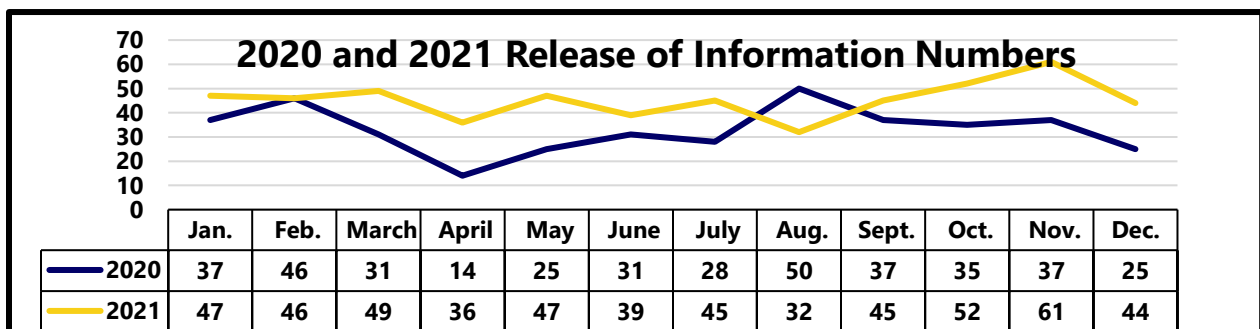
HEALTH AND HUMAN SERVICES - Records

Mission Statement: The Records Division mission is to provide and maintain a high standard of medical and agency record that is an efficient, productive, and cost-effective information system which is conveniently accessible to appropriate and authorized service providers and meet all applicable and administrative, legal, and regulatory requirements governing the Department of Health and Human Services.

Summary of Responsibilities: The Records Division is responsible for maintaining records in a standardized and professional manner in order to protect patient confidentiality while allowing adequate access to providers in order to promote quality patient care. Records are released in accordance with state and federal laws. The Records Division also maintains and updates the Risk Analysis and Operational Policies and Procedures as well as training all Health and Human Services (HHS) staff on the Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR, Part 2 compliance for addiction - specific services.

Program Summary:

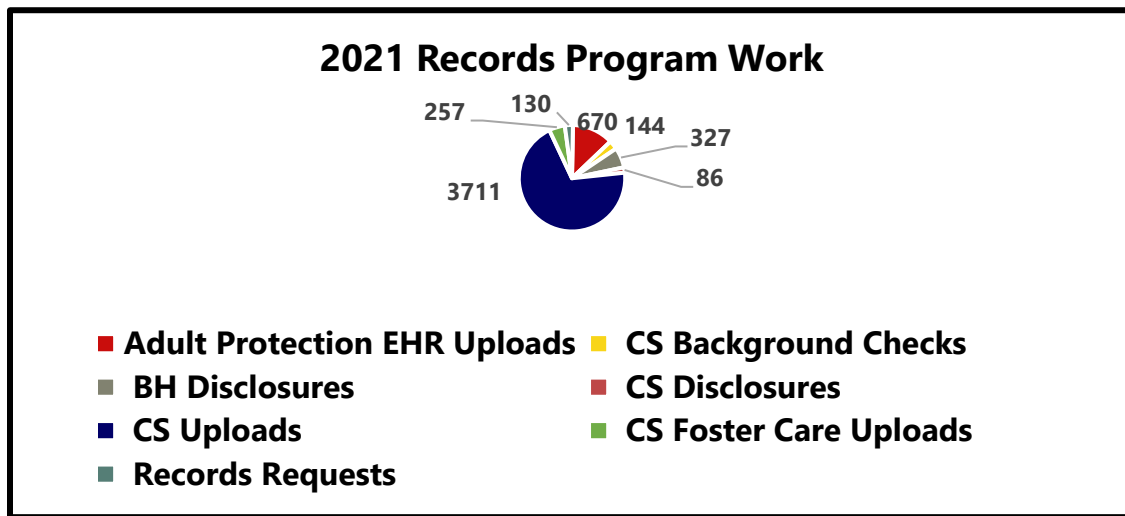
- **Release of Information**
- **Quality Assurance through Auditing and Analysis**
- **Records Retention and Records Destruction**
- **File Creation and Maintenance**
- **Health and Human Services Staff Training and Onboarding**
- **Transcription**



Release of Information Yearly Totals	
2021*	543
2020	396
2019	831

* Due to COVID-19 there was a significant reduction in requests as many providers were not seeing clients

Regulations protect the Release of Information in the areas of Mental Health, Alcohol and Drug Treatment, and Child Protection. Records of this nature often require patient consent or a court order for their release. Clients, Attorney's, Courts, and other providers make the majority of requests.



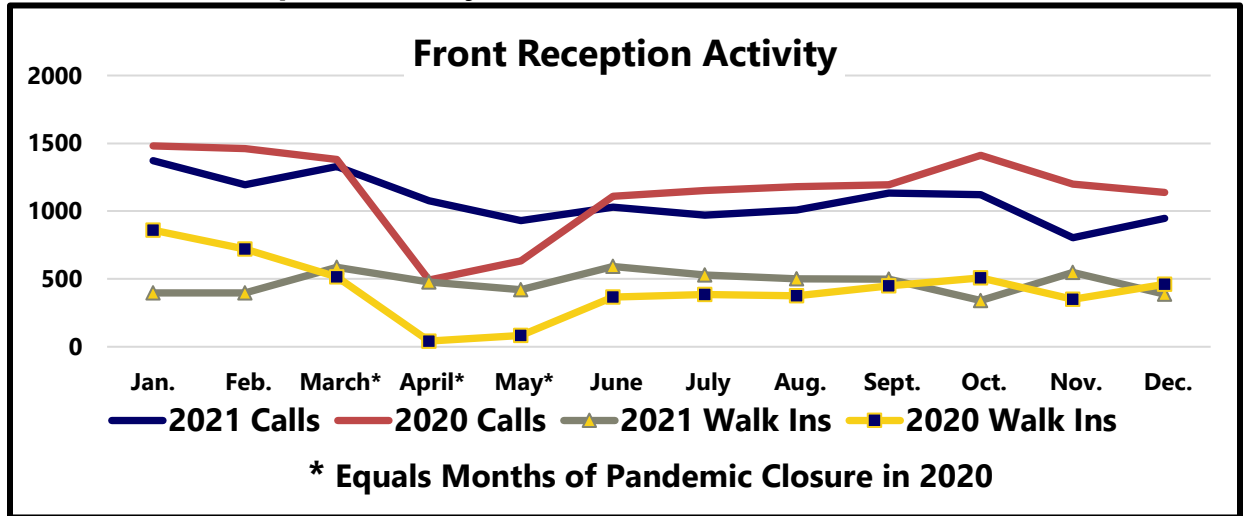
HEALTH AND HUMAN SERVICES – Office Support Staff

Mission Statement: HHS Office Support Staff will interface with consumers and staff in a positive, courteous, and timely manner while assisting/directing them to resources to help meet their needs.

Summary of Responsibilities:

- Appropriately answer and transfer phone calls, as well as distribute messages
- Monitor front lobby and assist members of the public
- Distribute and or collect consumer and staff documents/packages/mail for all divisions
- Collect payments from consumers and provide receipt
- Send faxes and distribute incoming faxes and important documents via scanning and email
- Make copies/packets/files
- Type letters, labels, and envelopes, check and monitor supplies
- Be familiar with emergency procedures
- Contact and locate staff as needed
- Accurate and timely data entry within various data bases

2020 & 2021 Reception Activity

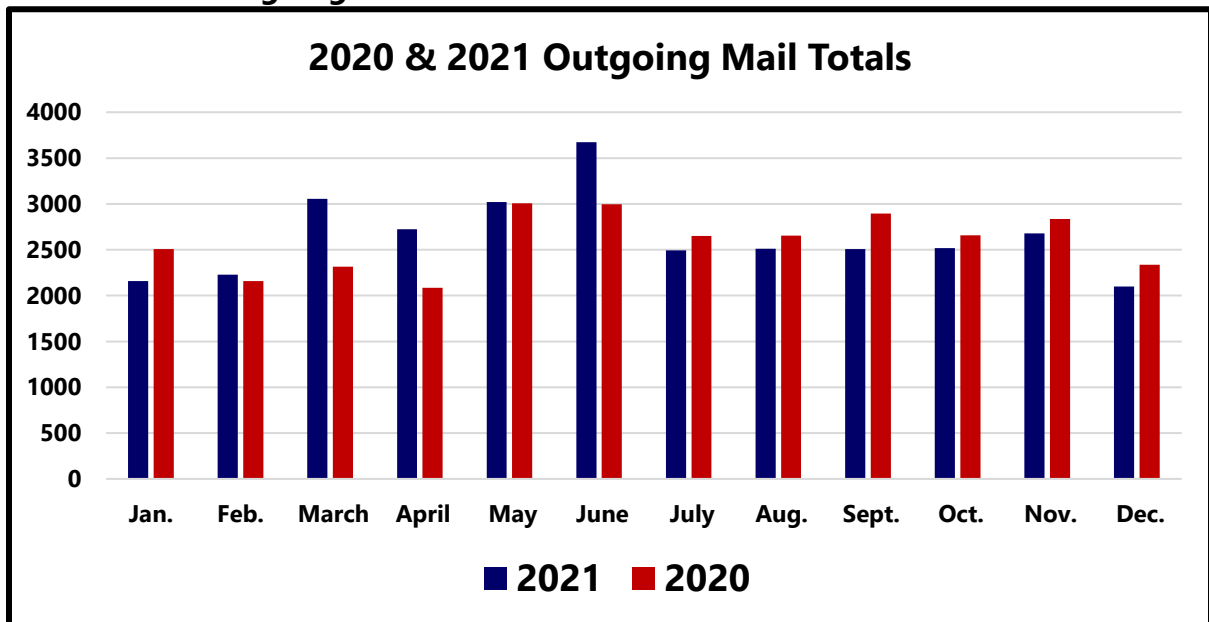


Yearly Average of Calls and Walk Ins

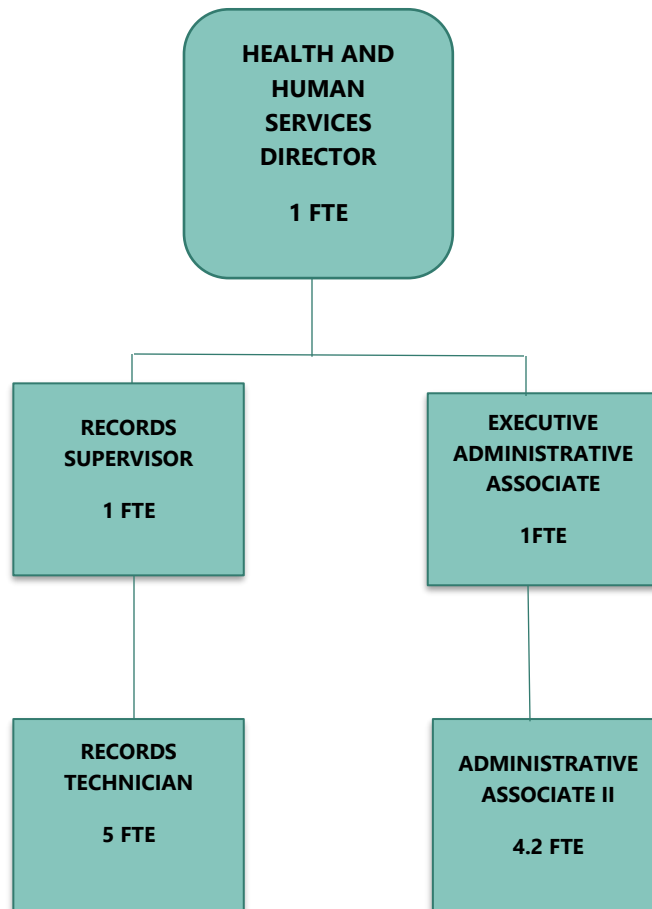
	2021	2020
Average Number of Calls	1076	1153
Average Number of Walk Ins	473	426*

* Due to COVID-19 the SCCSC building was closed for several months, and various virtual/electronic options were utilized for engaging consumers. Therefore, we saw a significant reduction with in-person traffic in 2020-2021

2020 & 2021 Outgoing Mail Numbers



HHS - ADMINISTRATION



12.2 FTE

**ADDITIONAL
FINANCE FTE'S ARE
WITHIN HHS
BUDGET BUT NOT
REFLECTED IN ORG.
CHART.**

HEALTH AND HUMAN SERVICES – Aging and Disability Resource Center (ADRC)

Mission Statement: The purpose of the Aging and Disability Resource Center Division (ADRC) is to empower and support older adults, people who have a disability and their families by serving as a central source of information, assistance, support, and access to community resources.

Summary of Responsibilities: The Aging and Disability Resource Center of St. Croix County provides a central source of reliable and objective information about a broad range of programs and services. The ADRC helps people understand and evaluate various options available to them. By empowering individuals to find resources in their communities and make informed decisions about long-term care, the ADRC helps people conserve their person resources, maintain self-sufficiency, and delay or prevent the need for potentially expensive long-term care. The ADRC is available to all adults over the age of 60 and people ages 18-59 living with physical and developmental disabilities regardless of income.

Program Summary:

- **Information and Assistance:** Serves persons aged 18 and older by providing assistance to the public in planning for long and short-term care needs while also providing current information about local, regional, and state resources to meet those care needs. Helps eligible persons enroll in long-term care programs available through the State of Wisconsin. The I and A Specialists also provide accurate and unbiased information on all aspects of life related to aging and/or living with a disability
- **Elder Benefit Specialist Program:** Provides advocacy and assistance to St. Croix County residents 60 years and older about Medicare, Medicaid, supplemental insurance and all other public benefits. The Elder Benefit Specialist provides assistance with grievances and appeals, when necessary, under the supervision of the Greater Wisconsin Agency on Aging Resources, Inc. Elder Law Center
- **Disability Benefit Specialist Program:** Provides services to persons ages 18 to 59 with physical disabilities, developmental disabilities, and mental illness and/or substance use disorders under the direction of the program attorneys at Disability Rights Wisconsin Coalition. The Disability Benefit Specialists provide information about public and private benefit programs including assistance with application and appeal procedures
- **Dementia Care Specialist Program:** Provides education and support, consultation, and awareness of the programs and services available to individuals living with dementia and their caregivers. The Dementia Care Specialist (DCS) facilitates community education on becoming dementia friendly to promote awareness, understanding, inclusion, and support while reducing stigma and fear. Specialists also complete memory screens for individuals to assist in determining their current level of need. These screens are then coordinated with

other medical professionals. The DCS assists individuals living with a dementia diagnosis to remain active and living in their homes longer

- **Senior Nutrition Services:** Provides a nutritionally balanced hot meal and a place to socialize for persons 60 and older (and their spouses regardless of age) through the nine senior dining nutrition sites throughout St. Croix County. The Nutrition Program is funded by participant donations and Federal, State, and local dollars.
- **Home-Delivered Meals:** Provides a hot, nutritious meal to persons who are age 60 and over who are unable to prepare adequate meals on their own. Their caregivers or spouses are also eligible, in addition to individuals with disabilities under the age of 60 who are unable to prepare adequate meals on their own
- **Specialized Van Transportation Program:** Provides transportation to persons age 60 and older and to persons with disabilities, or their spouses. The Transportation service is available in the communities of: Baldwin, Deer Park, Glenwood City, Hammond, Hudson, New Richmond, Roberts, Somerset, and Woodville
- **Family Caregiver Support Program:** Provides information and assistance, caregiver support, education, support groups, 1:1 and family consults, respite care services, peer-to-peer support, and facilitates an annual Caregiver Conference
- **Adult Day Social Respite Program:** Provides a structured environment with activities, socialization, morning snack, and noon meal for those who are frail or have cognitive problems related to dementia
- **Outreach Services:** Offers assistance and education through caregiver support groups and shares a monthly newsletter
- **Prevention Services/Healthy Aging Classes:** The ADRC provides evidence-based programs that encourage and support healthy living among older people and their caregivers through partnerships with public and private organizations. These activities are designed to improve the quality of life and health for participants. Healthy Aging programming includes:
 - Stepping On Falls Prevention Program
 - Living Well with Chronic Conditions
 - Powerful Tools for Caregivers
 - DayAway Adult Day Social Respite
 - Caregiver Support

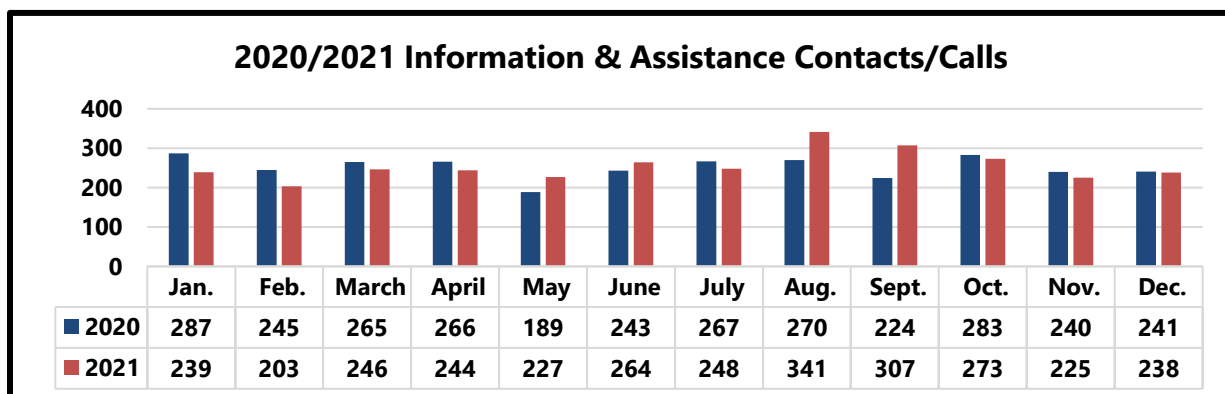
ADRC Information & Assistance (I&A) Data		
Long Term Care Programs	2021	2020
SCC Family Care Active Consumers	405	415
SCC I Respect I Self Direct (IRIS) Waiver - Active Consumers	262	252
Wait List	0	0

- **Family Care** is a Medicaid long-term care program for frail elders, and adults with physical, developmental, or intellectual disabilities. People in the program receive long-term care services to help them live in their own home as long as possible
- **IRIS (Include, Respect, I Self-Direct)** is a self-directed program for Wisconsin's frail elders and adults with disabilities. Individuals must be eligible for Medicaid to be in the IRIS program
 - **For either Family Care or IRIS programming, a person must be both functionally and financially eligible before choosing to enroll. The ADRC completes these assessments and subsequent enrollments**

By receiving options counseling at a local ADRC, people are 89% more likely to access privately paid resources rather than utilizing services through Medicaid-funded long-term care programs.

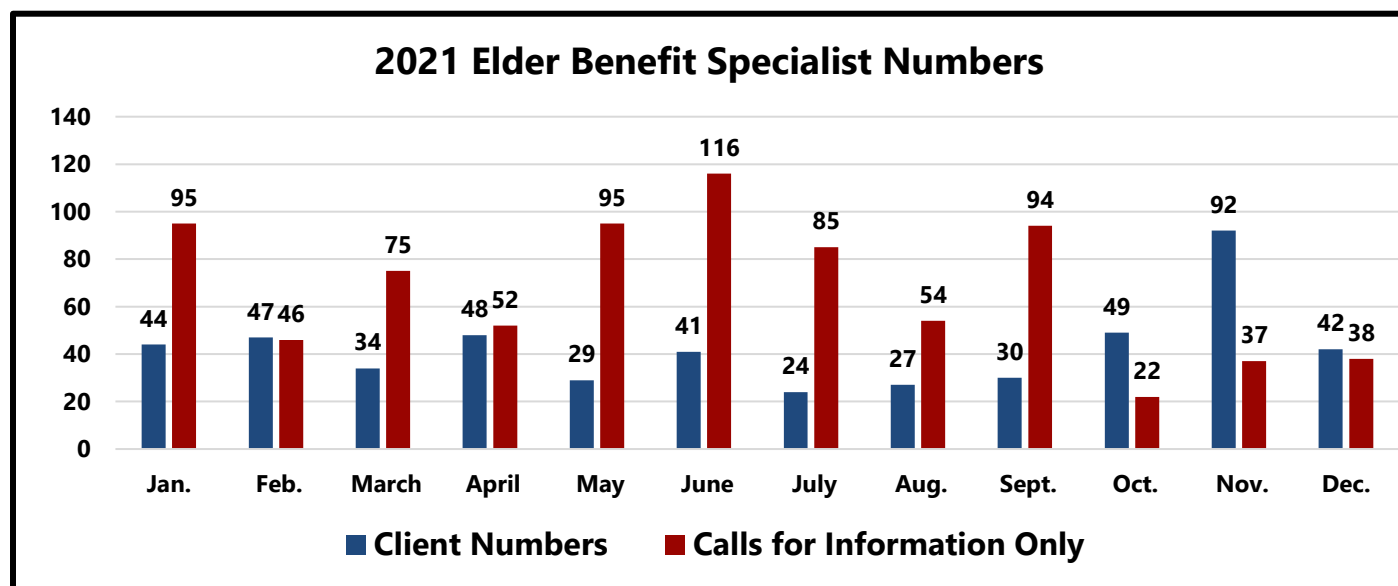
Total Number of I & A Contacts/Calls by Year		
2021	2020	2019
3055	3020	3005

A contact (call) represents a one-on-one conversation between an ADRC staff person and an individual who contacts the ADRC with a concern about him/herself or another person, or a call received from an agency/provider. Calls or contacts are in person, over the phone, by email, fax or written.



Family Care and I Respect I Self-Direct (IRIS) Enrollments

	*Intellectual/Developmental Disability	Frail Elderly	Physical Disability	Total	Age 65+
My Choice	12	14	7	33	17
Inclusa	198	132	42	372	170
IRIS	184	38	40	262	N/A



Elder Benefit Specialist (EBS) data includes consumer calls for general information and questions, which could be duplicated. A contact (call) represents a one-on-one conversation between an ADRC staff person and an individual who contacts the ADRC with a concern about him/herself or another person, or a call from an agency/provider. Calls or contacts are in person, over the phone, email, fax or written. The increase from Sept. – Nov. accounts for Medicare Part D enrollment.

Elder Benefit Specialist Data		
	2021	2020
EBS Total Number of Calls (Could be duplicative)	1695	1596
EBS Total Client Numbers	330	346

2021 Elder Benefit Specialist Monetary Impact*	
EBS Federal Impact	\$ 1,237,464.00
EBS State Impact	\$ 226,078.00
EBS Other Impact	\$ 127,701.00

Disability Benefit Specialist Data		
	2021	2020
DBS Total Number of Calls	873	913
DBS Total Client Numbers Unduplicated	220	202

2021 Disability Benefit Specialist Monetary Impact*	
DBS Federal Impact	\$736,639.00
DBS State Impact	\$67,591.00
DBS Other Impact	\$0.00

All Wisconsin Elder and Disability benefit specialists (EBS and DBS) are required to track the monetary impact of their services to clients. ***Monetary impact** is defined as the value of benefits or services that are obtained or preserved for a client, as well as money that is saved or recovered for a client, with the help of a benefit specialist. Monetary impact is categorized by the funding source: federal, state, or other (for example, private or municipal). Monetary impact is one way to measure the positive impact of benefit specialists' services.

Dementia Care Program	2021	2020*
Memory Screens	5	0
Calls/Contacts	421	349
Dementia/Brain Health Education Participants	53	0
Journey Along Participants	58	6
Dementia Friendly Trained Participants	97	18
Dementia Awareness Events	6	0

* COVID- 19 safety protocols did not allow for face- to- face visits/screens

Healthy Aging Programs	2021**	2020*
Stepping On – Fall Prevention	18	0
Powerful Tools for Caregivers	10	0

** In 2021, due to COVID-19, Powerful Tools was facilitated via a virtual platform & Stepping On was facilitated at Western WI Health

* In 2020 Classes were cancelled due to COVID-19

Caregiver Support Programs	2021**	2020*
Day Respite Hours		
Adult Day Respite participants (unduplicated count)	8	7
Adult Day Respite participant hours	243	372
NFCSP In Home Respite (unduplicated count)	14	9
NFCSP In Home Respite participant hours	938	638
AFCSP In Home Respite (unduplicated count)	11	15
AFCSP In Home Respite participant hours	807	758

* Prior to COVID-19, Day Away Respite was offered 3 Days a week for 6 hours a day and fluctuated based on weather and caregiver need. Due to COVID 19, closed the program mid-March of 2020 until September of 2021 when it reopened to provide 3 hours per day, 3 days a week

Specialized Transportation (§85.21) This number includes rides by Nutrition Site transportation vans, RF Ride Share; Center for Independent Living for Western Wisconsin (CILWW), dialysis, and weekend transportation program.

Transportation Services	2021 Totals	2020 Totals*
Specialized Transportation (85.21)	23,230 Rides	9,485 Rides

*In 2020 the Site Transportation available at the Senior Nutrition sites halted due to COVID 19 & only provided rides to essential medical appts.

2020-2021 Meal Site Data

2020-2021 Meal Site Data				
	Congregate		Home-Delivered Meals	
	2021**	2020*	2021**	2020
	Total # of meals	Total # of meals	Total # of meals	Total # of meals
Total Meals	3744	5517	39673	34722
Difference	- 1773		+ 4951	

*In March 2020, the senior Nutrition Sites were closed due to COVID-19. The state eased the restrictions for Home-Delivered Meals, which allowed for additional participants to be added. On-site dining switched to "Grab-n-go" and was considered to be a "Home-Delivered" meal by the state. ** These COVID-19 restrictions continued into 2021 with some sites opening while others remained closed. Also, a couple of sites were relocated.

Aging and Disability Resource Centers

A Meaningful and Impactful Investment for Wisconsin



Every \$1 invested into Wisconsin ADRCs leads to a savings of \$2.48

**248 %
Return on
Investment**

\$14,400 = average cost per hospital readmission

\$530 = average cost per emergency room visit

ADRCs prevent...

61 Hospital re-admissions per 1000 served
10 emergency room visits per 1,000 served

ADRCs save

Nearly \$1,000,000 per 1,000 served



Wisconsin ADRC Facts

Serving older adults and people with disabilities throughout Wisconsin.

ADRCs had over half a million contacts in 2020.

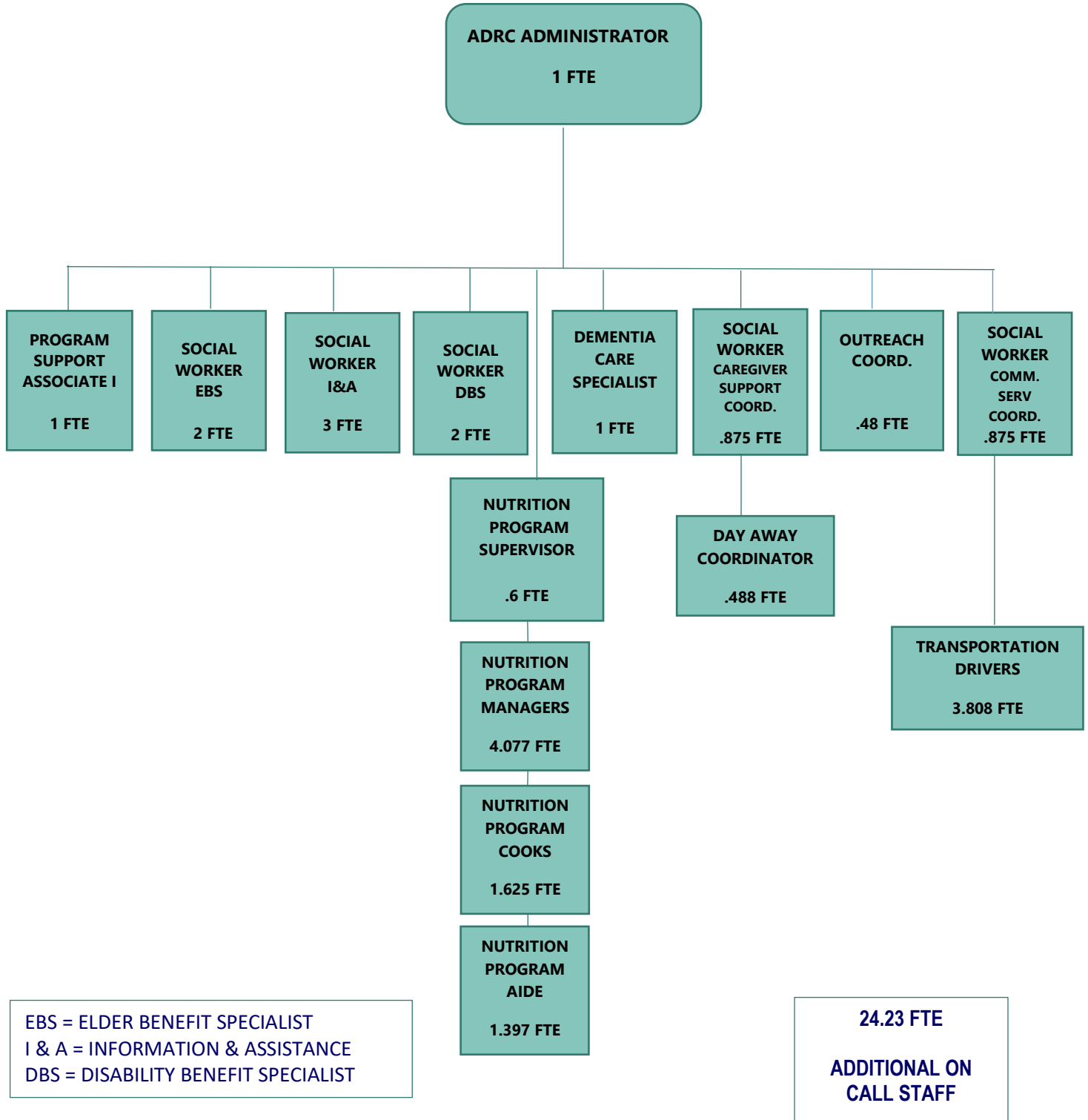
There has been a 22% increase in ADRC customers and growth is expected to continue.

ADRCs have local community professionals providing individualized resource counseling so customers can make informed decisions about their needs.

- ❖ ADRCs are the only provider of local, unbiased decision support.
- ❖ ADRCs have local offices in every county throughout Wisconsin.
- ❖ The mission of the ADRC is to help people prevent or prolong the need for costly services.

- ❖ There are no income or asset requirements to use ADRC services.
- ❖ Phone calls made to an ADRC are answered by a live, local person.
- ❖ Two out of five ADRC customers meet face-to-face with ADRC professionals in their home.

HHS - ADRC



HEALTH AND HUMAN SERVICES -Behavioral Health

Mission Statement: Provide high quality, timely substance use and mental health services to residents of St. Croix County. These services are offered in collaboration with our community in an effort to promote the health and wellbeing of individuals, families, and children.

Summary of Responsibilities: Provide county residents a comprehensive range of services for continuity of care, including: Mental Health and Substance Use Disorder (SUD) outpatient treatment, Community Support Services, Targeted Case Management, Adult Protection, and Emergency/Crisis Services. The above services include: assessment, case planning and coordination, on-going monitoring, discharge planning and referral services. Residential and inpatient care is offered through contracted facilities for consumers with mental health and Substance Use Disorder (SUD) needs, who are assessed as requiring a more intensive level of care. Outpatient treatment services are provided based on assessed client needs. Court-ordered evaluations and Intoxicated Driver Program assessments are required to be charged at full cost to the consumer and be paid in full for before scheduling.

Program Summary:

- **Substance Use Disorder (SUD) Outpatient Services:** Assessment and diagnostic services, Substance Use Disorder counseling, prevention services, crisis intervention, case management, referral and advocacy services, and discharge planning
- **SUD Intoxicated Driver Program (IDP):** Provide Intoxicated Driver Program assessments, develop and monitor driver safety plans, and provide required reports to the Department of Transportation for county residents convicted of driving while intoxicated
- **SUD Inpatient/Residential Services:** Cost associated with SUD detoxification, SUD medical inpatient and SUD residential contracted services
- **Adult Protection Services:** Provides protection and advocacy to St. Croix County residents who are elderly or adults at risk
- **Mental Health (MH) Outpatient Services:** Provide assessment and diagnostic services, psychotherapy, emergency therapy, medication management, case management, referral and advocacy services, and discharge planning
- **Behavioral Health Emergency Services:** Staff and contracted services providing emergency services to all individuals within the county. These services include, but are not limited to, mobile on-site response to provide a crisis mental health assessment, telephone crisis interventions, short-term stabilization services, and coordination of crisis placements
- **Adult Community Support Services (ACSS):** Provide assessment, diagnosis, identification of persons in need of behavioral health community support services, case management, crisis intervention, psychiatric treatment including medication supervision, counseling and psychotherapy, employment, activities of daily living, psychosocial rehabilitation, client advocacy and recreational activities

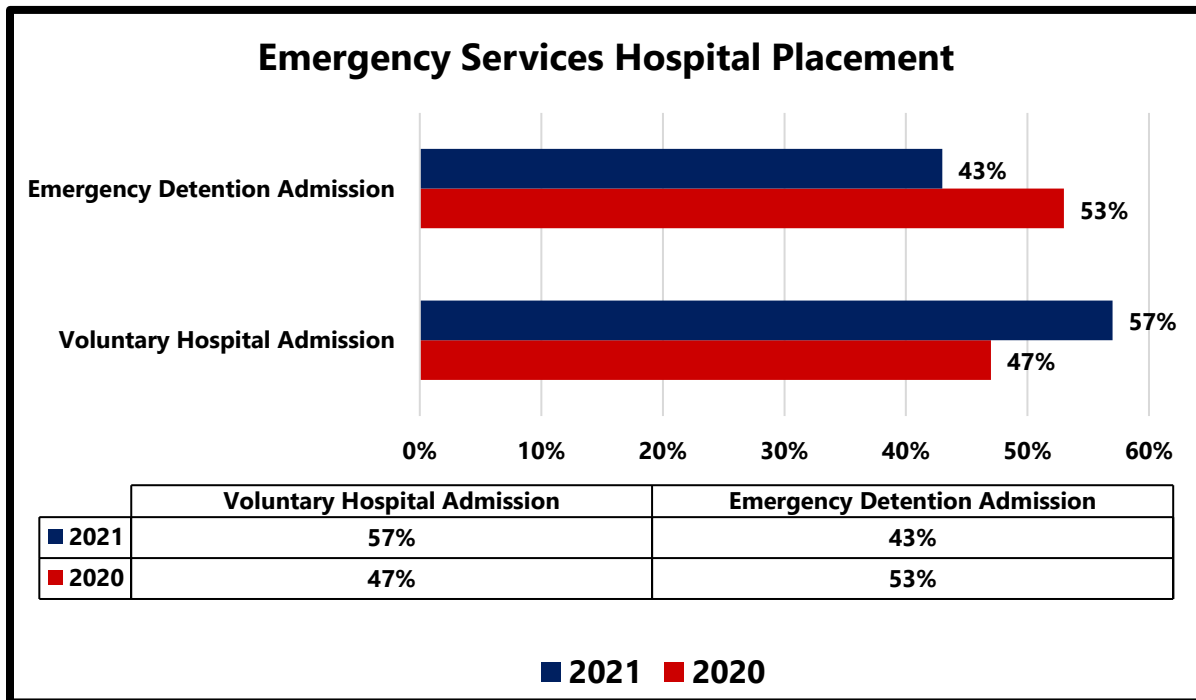
- **Institutions for Mental Disease (IMD) Relocation Services:** Contracted mental health residential services. These services are designed to serve persons with chronic mental illness in their communities to avoid institutionalization
- **Acute Psychiatric Hospitalization:** Acute psychiatric hospitalization contracted costs and costs associated with providing acute psychiatric hospital care
- **Mental Health Residential Services:** Contracted costs and costs associated with providing MH residential care
- **Institutions for Mental Disease (IMD):** Contracted costs and costs associated with providing mental health/addiction care in settings with more than 16 beds. These consumers often require longer-term care in a secure and safe setting
- **State Mental Health Institute Services:** Contract costs and costs associated with providing acute and long-term institutional care. These services are used when there are no available beds at acute psychiatric hospitals or at other IMDs
- **Crisis Mental Health Residential Services:** Short-term/crisis residential contracted costs and costs associated with providing crisis residential care
- **Psychiatry/Psychology Services:** Psychiatrist and psychologist contracted costs

Emergency Services

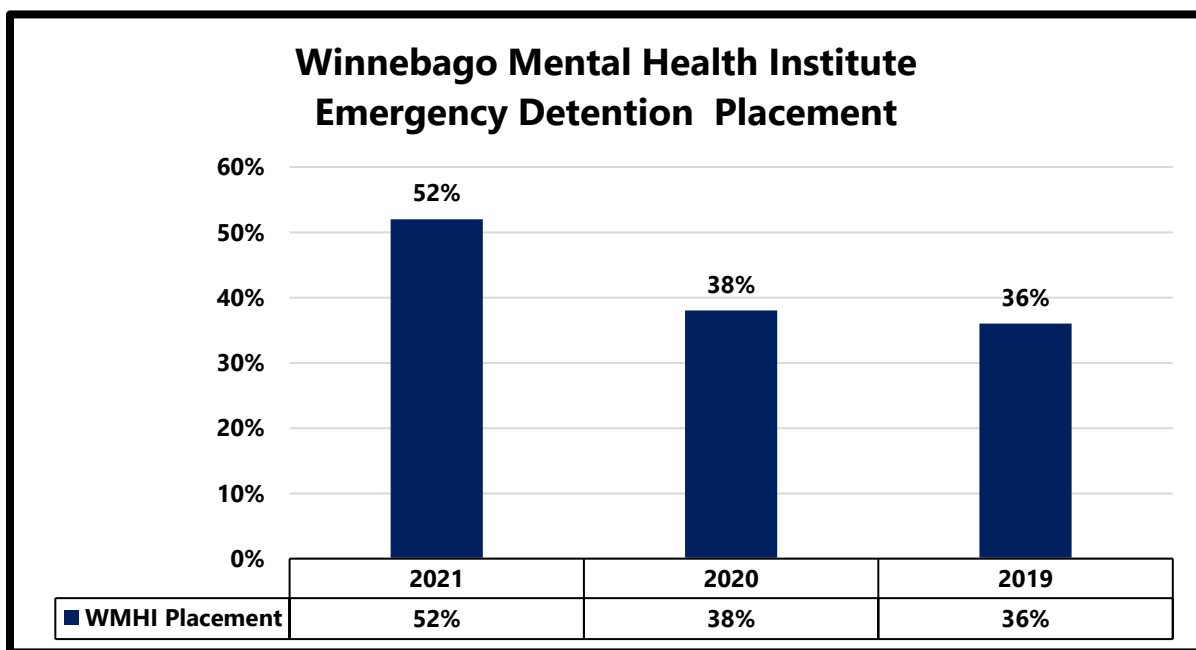
St. Croix County continues to partner with community crisis services to provide 24/7 crisis coverage for consumers in need. The diversion rate from a hospital level of care to a less restrictive community intervention increased from 2020 to 2021. The volume of calls greatly increased from 1000 calls in 2020 to 1338 calls in 2021, nearly a 34% increase. Voluntary and emergency detention diversion rates for crisis interventions increased from 77% in 2020 to 84% in 2021.

<p>Emergency Services</p> <p>Hospital Diversion Rate of the Calls to Crisis Services</p> <p>The percentage of consumers that were diverted from both voluntary and emergency detention placements to a hospital due to interventions by a crisis worker.</p>	<p>2021</p> <p>84%</p> <p>Diverted from Hospital Placement</p>	<p>2020</p> <p>77%</p> <p>Diverted from Hospital Placement</p>
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While the number of hospitalizations has decreased, the number of voluntary hospitalizations has increased, which allows more autonomy and choice to a consumer experiencing a mental health crisis.



In 2021, over 50% of the Emergency Detentions were placed at Winnebago Mental Health Institute (WMHI) which is an increase over the past years. This is largely due to the overall unavailability of voluntary or emergency detention beds at other hospitals across Wisconsin or Minnesota due to COVID-19 and hospital workforce challenges.



Outpatient Mental Health Services

The COVID-19 pandemic exacerbated demand for outpatient mental health services in St. Croix County and state-wide. Given this increase in demand, wait times for treatment also increased, therefore consumers were offered assistance in coordinating with other community outpatient mental health services, when appropriate. Outpatient mental health staff coordinated care to provide the most effective, efficient, and timely resources to St. Croix County consumers.

As a result of the pandemic, the method or format in which both individual and group therapy were provided ranged from completely virtual, in-person, and a hybrid of virtual and in-person. Through being adaptive, very few sessions needed to be canceled.

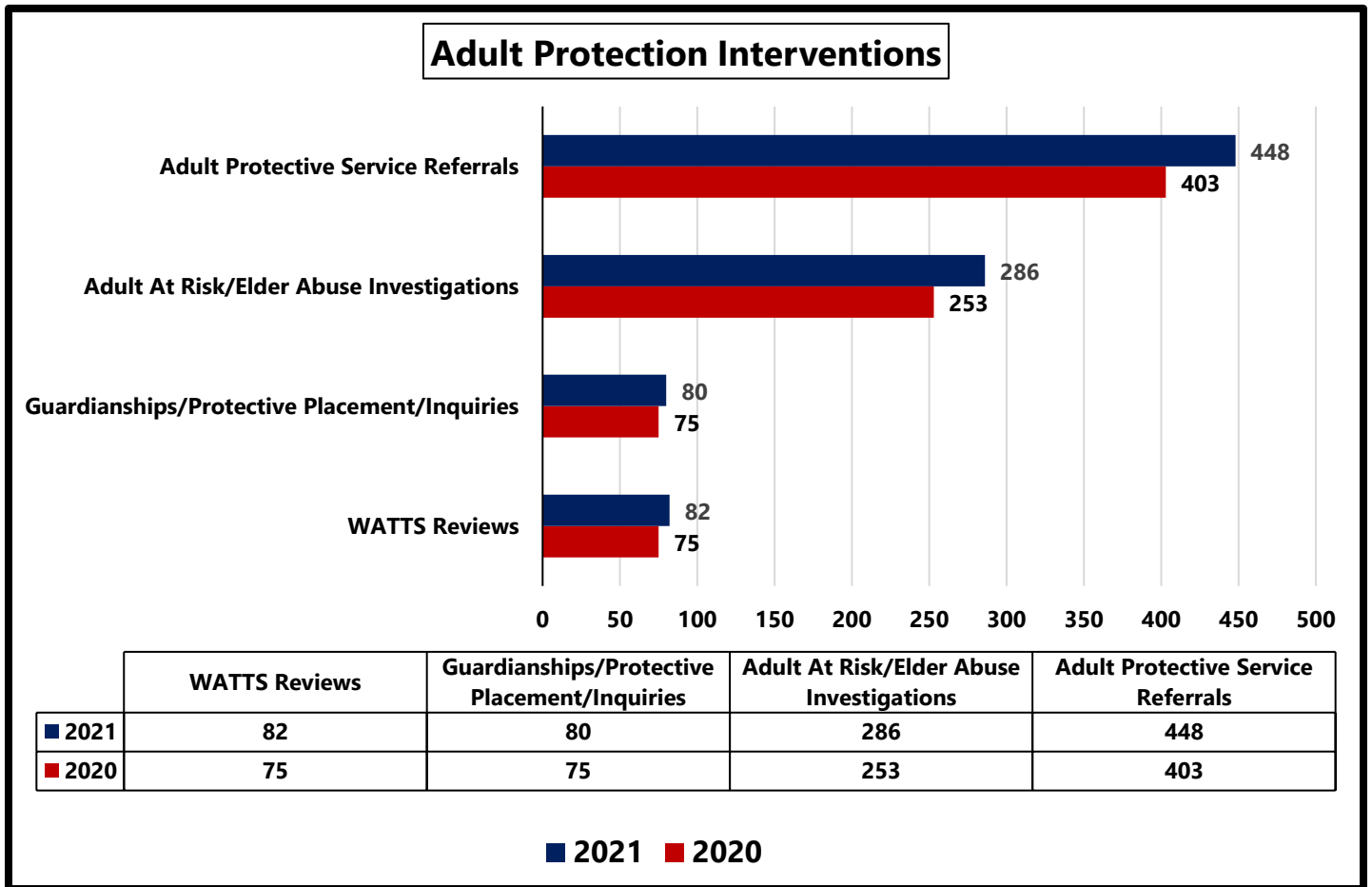
In an effort to increase our capacity to meet demand, additional group interventions were added for justice-involved consumers. Continued Dialectical Behavioral Therapy (DBT) skill groups were offered as a weekly intervention to those that required more frequent and specialized interventions, even during times of heightened service demand.

Adult Protection/Elder Abuse Interventions

There was a significant increase in referrals, investigations, and interventions provided to St. Croix County residents in 2021. We saw a trend of increased financial exploitation of elderly and at-risk adults, as well as an increase in case complexity.

Total Number	2021	2020	% Increase	
Adult Protection/Elder Abuse Investigations	286	253	13%	
Adult Protection Service Referrals	448	403	11%	

Below is a summary of services provided through Adult Protection in 2021.



Outpatient Substance Use Disorder

The demand for Substance Use interventions also increased in 2021. Similar to mental health therapists, the substance use counselors worked to provide effective interventions throughout the pandemic, offering individual sessions and groups through virtual, in-person and hybrid options.

Behavioral Health Services has worked closely with other Departments across St. Croix County to assure that priority was given to some specific populations. Priority populations not placed on a waitlist include: justice involved consumers involved in Treatment Court and Matrix programming; parents/family members with Child Protection involvement, pregnant women, persons with a history of IV substance use, and consumers assessed as having urgent care needs.

Adult Community Support Services (ACSS)

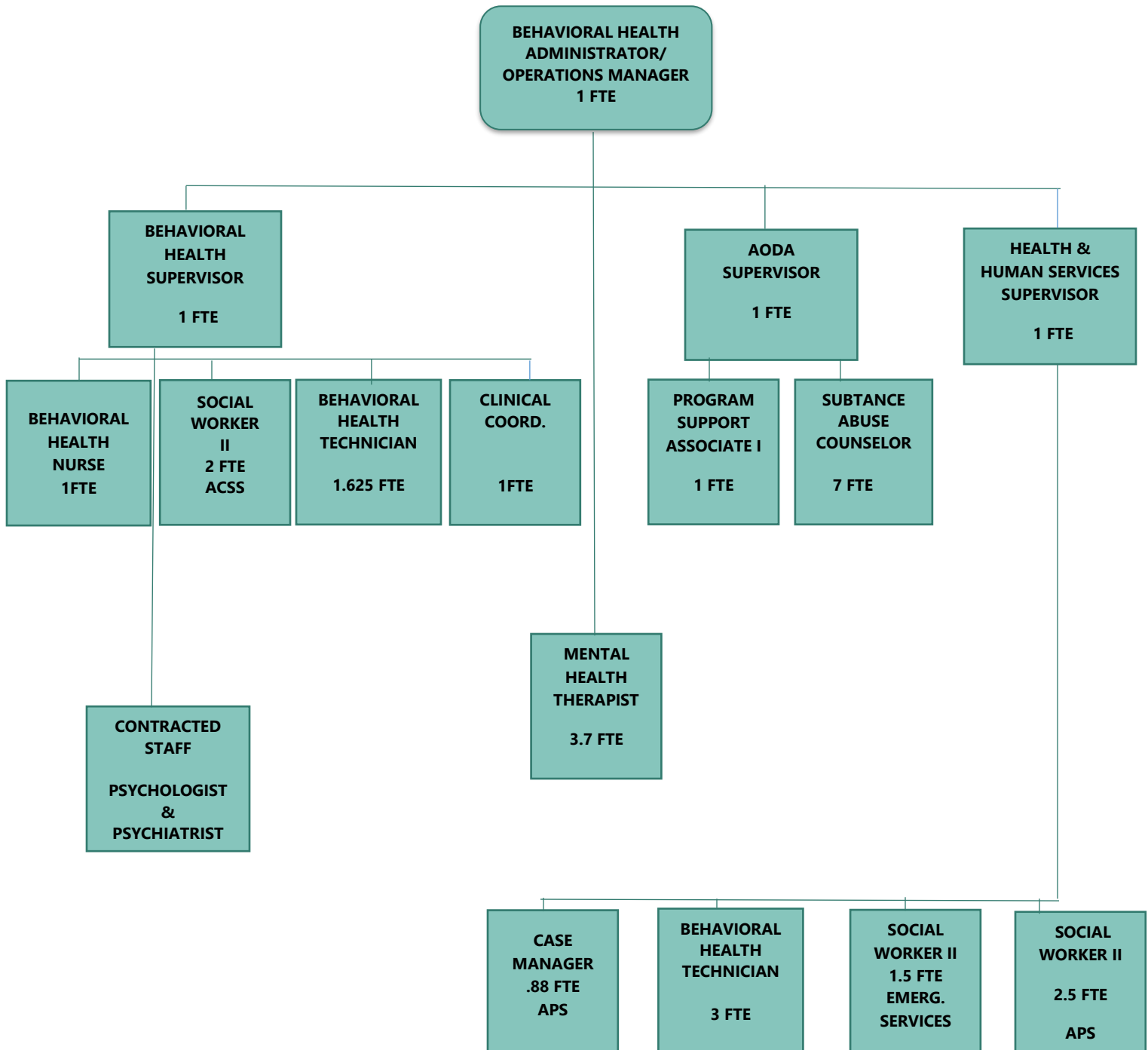
Adult Community Support Services caseloads have remained consistent for the past two years while the number of in-patient mental health hospitalizations for ACSS consumers increased by over 50%.

Adult Community Support Services (ACSS) Caseloads		
	Caseloads	# of hospitalizations
2021	41	16
2020	40	10

Adult Community Support Services (ACSS): Provide assessment, diagnosis, identification of persons in need of behavioral health community support services, case management, crisis intervention, psychiatric treatment including medication supervision, counseling and psychotherapy, employment, activities of daily living, psychosocial rehabilitation, client advocacy and recreations activities.

Community Support Program: (CSP) is a program within ACSS for adults living with a serious and persistent mental illness. CSP's provide coordinated professional care and treatment in the community that includes a broad range of services to meet the individual's unique personal needs, reduce symptoms, and promote recovery.

HHS – BEHAVIORAL HEALTH



ACSS = ADULT COMMUNITY SUPPORT SERVICES
 AODA = ALCOHOL AND OTHER DRUG ABUSE
 APS = ADULT PROTECTION SERVICES

29.2 FTE

HEALTH AND HUMAN SERVICES – Children Services

Mission Statement: The mission of the Children Services Division is to utilize a community-oriented approach to assist families in remaining together while promoting health and safety for all family members.

Summary of Responsibilities: Alternate Care, Birth to Three, Child Protection Access, Initial Assessment and Ongoing Services, Children's Long-Term Support, Coordinated Family Services, Youth Justice Services, Family Centered Treatment, and Targeted Case Management.

Program Summary:

- **Birth to Three:** An early intervention program for infants and toddlers ages birth to 36 months with a diagnosed disability or developmental delay of 25 percent in one or more areas of development
- **Children Services Access:** The process for receiving, analyzing, and documenting reports of alleged child maltreatment, referrals for Birth to Three, and Children's Long-Term Support, and Comprehensive Community Services
- **Child Protection Assessment:** Daily screening meetings occur to review reports of alleged child maltreatment and determine which cases will receive a comprehensive assessment of individual and family conditions, functioning, and dynamics as well as determine which cases will be referred for ongoing services
- **Child Protection Ongoing:** Case management services provided to Children in Need of Protection and Services (CHIPS) resolved through Voluntary Service Agreements, Informal Disposition Agreements, Consent Decrees, or Adjudications
- **Program Support Specialist:** Provides parent education/training, transportation, and court-ordered supervised visitation for open ongoing CHIPS or Delinquency cases
- **Youth Justice Intake:** Receives referrals from parents, schools, child protection assessment and law enforcement concerning uncontrollability, truancy, delinquency, and child abuse/neglect matters. Analyzes the information and assesses each referral making recommendations to the District Attorney and Juvenile Court regarding a resolution for those cases
- **On-Call Services:** Responsible for providing Juvenile Intake services 24 hours a day (includes evenings, weekends, and holidays)
- **Youth Justice Ongoing:** Case management services of uncontrollable youth, truants, and delinquents via Voluntary Service Agreements, Deferred Prosecution Agreements, Consent Decrees (Juvenile Court), or Adjudications (Juvenile Court). Services provided using an evidence-based model
- **Independent Living Skills (ILS):** A federally required program which requires implementation of an assessment and specialized services for eligible youth between ages of 14 and 21 who have been placed out of the home for a minimum of 6 months

- **Community Supervision:** Provides evening and weekend accountability for ongoing youth justice youth
- **Alternate Care Services:** The recruitment, training, licensing/certification, and retention of St. Croix County foster homes, shelter homes, and respite homes. This also includes the use of other licensed facilities such as treatment foster homes, group homes, residential care, and corrections
- **Kinship Care:** Process applications and oversee both court-ordered and voluntary cases when relatives care for family members' children and receive a state entitlement stipend and Medicaid for the child
- **Step-parent adoption:** Complete step-parent home/adoption studies and make recommendations at the direction of the county judiciary
- **Day Care Certification:** Complete the evaluation and certification process for certified daycare homes
- **Coordinated Family Services:** A team approach to respond to children and families with multiple service needs. Each team develops an individualized plan that incorporates individual strengths and needs. Team members are comprised of family members, informal supports, service providers, school staff, and various other community members
- **Children's Long-Term Support Waivers (CLTS):** Provides Medicaid funding to support eligible children meet health and safety needs as a means for them to continue to live at home or in the community and who have substantial limitations in multiple daily activities as a result of one or more of the following disabilities: developmental disabilities, severe emotional disturbances, and physical disabilities
- **Children's Community Options Program:** Provides individual services and supports to families that include a child with severe disabilities. The program offers information and help in finding services and maximizing community resources, limited funding to buy needed services or goods that can't be bought through other sources and help in linking families with other families to strengthen natural supports
- **Target Case Management:** A Medicaid program that funds case management for children and their families to assist them in providing support and service coordination
- **Family Centered Treatment (FCT):** An evidenced-based model of intensive in-home treatment that services high-risk and high need families
- **Prevention Services:** The division provides an array of prevention services as classified within the two Public Health Models of Prevention: Targeted Population and Timing. The Targeted Population model prevention strategies are geared toward a specific population. For example, Universal prevention is offered to an entire population, regardless of risk. Selective and Indicated approaches are designed for populations possessing specified risks. They differ according to the prevalence and intensity of those risks. The Timing model has three categories, Primary, Secondary, and Tertiary. Primary Prevention focuses on reaching an entire population in order to prevent a first occurrence of child maltreatment. Secondary Prevention consists of efforts to prevent occurrence of child maltreatment among those who

are already showing signs of maltreating. Tertiary Prevention addresses situations where maltreatment has already occurred in an effort to mitigate negative effects and prevent reoccurrence. The area of Selective Prevention includes the Birth to Three program, respite, and Triple P/Stepping Stones, an evidence-based parent education program. In addition, the unit contracts with the Family Resource Center St Croix Valley to provide Parents as Teachers, which is an evidence-informed home visiting and parent education program. Within the Targeted Population model, but in the area of Indicated Prevention for high-risk families, Family Centered Treatment is utilized. Regarding the Timing Model, the Protective Factors Framework is utilized within all subunits of the division at the Secondary and Tertiary levels. Another targeted population model initiative that has been implemented is the Parents as Teachers curriculum, which is evidence-based parent education model for families involved with child protection

Birth to 3 Data

2021 Birth to 3 Totals		2020 Birth to 3 Totals	
Avg. Monthly Enrollment	123	Avg. Monthly Enrollment	102
Total New Referrals	208	Total New Referrals	161

Birth to 3 2021	January	Feb.	March	April	May	June	July	August	Sept.	October	Nov.	Dec.
Total Enrollment	104	108	113	117	123	123	133	132	139	126	128	130
Referrals	12	13	16	25	22	19	25	15	19	7	22	13

Family Centered Treatment Data

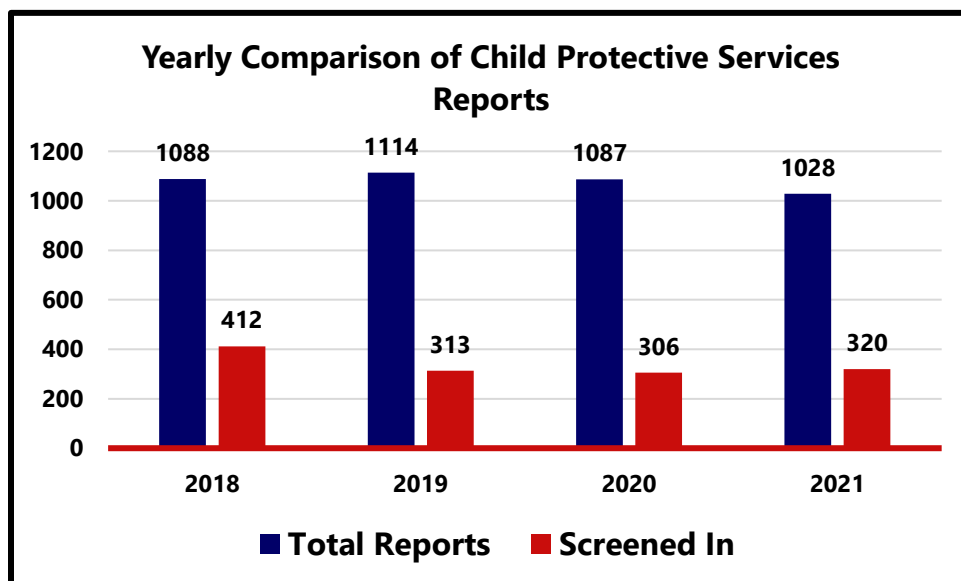
Family Centered Treatment (FCT)	2021	2020
Families Served	56	49

Youth Justice Data

2021 Youth Justice Totals		2020 Youth Justice Totals		2019 Youth Justice Totals	
Total New Referrals	240	Total New Referrals	173	Total New Referrals	216

Children Services Caseloads

2021	Jan	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total Admits	Total Discharges	2020 Total Youth Served
Coordinated Family Services (CFS)	87	87	93	93	95	98	101	100	103	104	110	108	62	45	149
Target Case Management (TCM)	2	1	1	1	1	1	1	1	1	1	1	0	0	2	2
Children's Long-Term Support (CLTS)	176	177	179	185	181	184	183	186	192	192	194	193	51	31	227
Referrals for any YCSS Services	1	6	4	2	6	3	7	6	1	4	6	5	NA	NA	51

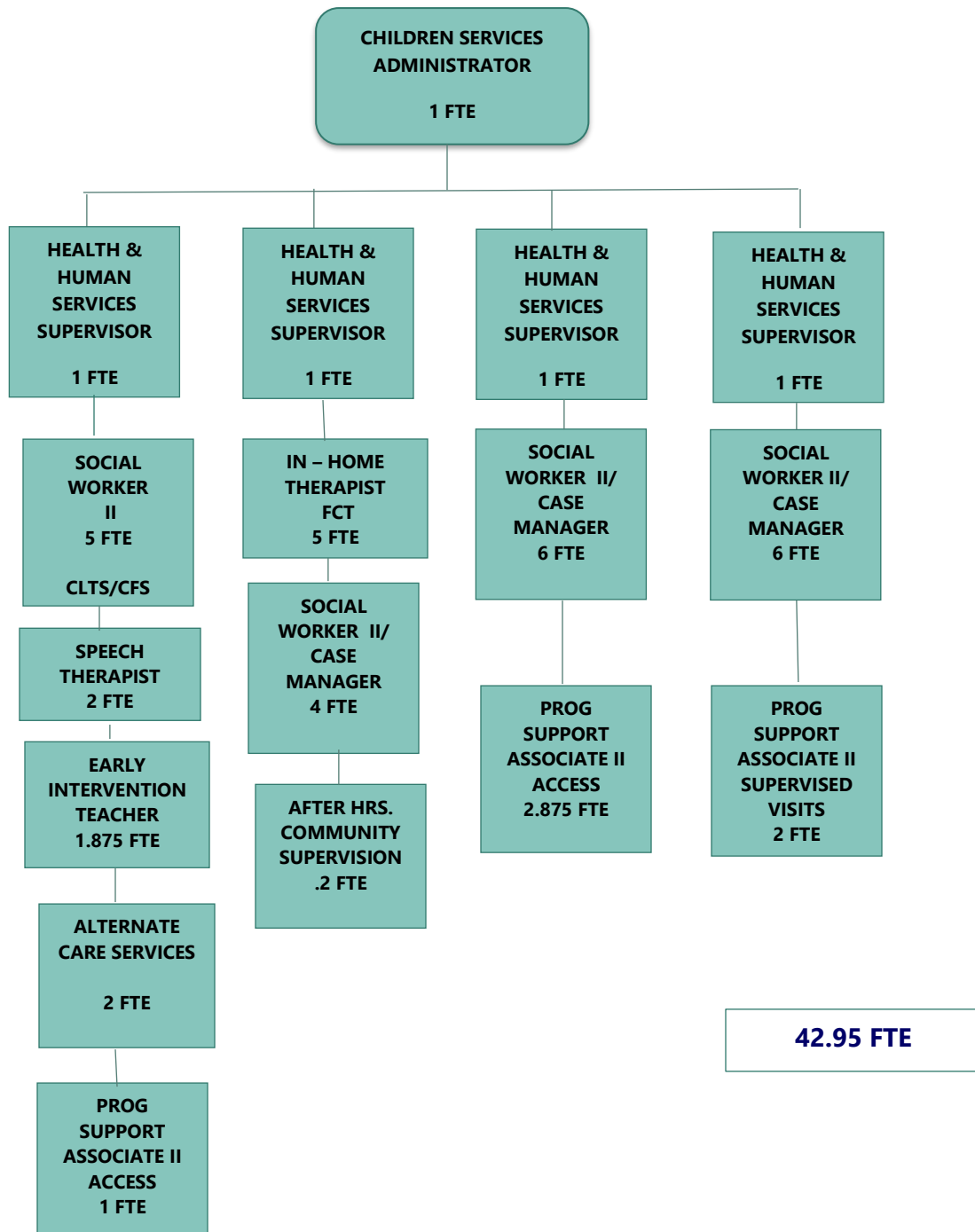


Types and Number of Placements

* This is a point in time each year on Dec. 31st

Placement	2017	2018	2019	2020	2021*
Foster Home, Non-Relative	21	17	32	34	41
Foster Home, Relative	23	37	20	15	21
Kinship	13	11	6	18	8
Residential Care Center	5	3	1	3	1
Shelter	5	5	7	3	0
Detention	2	1	0	2	1
Group Home	0	2	2	2	3
Corrections	0	0	1	0	1
Trial Reunification	2	1	1	5	6
Missing From Care	0	0	1	0	0
Totals	71	77	71	82	82

HHS – CHILDREN SERVICES



CFS = COORDINATED FAMILY SERVICES
 CLTS = CHILDREN'S LONG-TERM SUPPORT
 CPS = CHILD PROTECTION SERVICES
 FCT = FAMILY CENTERED THERAPY
 YJ= YOUTH JUSTICE

HEALTH AND HUMAN SERVICES – Comprehensive Community Services (CCS)

Program Summary: Comprehensive Community Services (CCS) is a voluntary program that helps individuals of all ages live their best life by providing supports that address their unique needs related to mental health and substance use. CCS is intended to assist individuals who are in need of care outside of inpatient settings, but who may have ongoing needs that, if left unaddressed, could result in hospitalizations during times of crisis. CCS is a Medicaid-funded program and all participants must be Medicaid-eligible.

Participants work with a dedicated team of service providers, including a Service Facilitator, Mental Health Professional, and/or Substance Use Professional, to develop an individualized treatment and recovery plan that meets their unique needs and goals and is tailored to their situation. This approach serves to promote improved overall health and life satisfaction for the individual by supporting and guiding them in their recovery journey. Services may include a variety of community-based options, such as: Mental health therapy, Substance use services, peer support, mentoring, Stress Reducing/Alternative Care such as yoga, boxing, equine therapy, meditation, expressive art, and music, or life skills training.

CCS added an FTE CCS Project Manager in July of 2021. This role was added to assist with the contracting process and reduce strain on the Fiscal department as well as assist with other contracted provider related needs. CCS had 34 contracts in place in 2021: 8 new contracts were added and at the end of 2021, 5 contracts were non-renewals due to provider retirement, relocation, or change in business focus.

2021 CCS Referrals

Month	Referrals received	Referrals Opened to CCS
January	7	3
February	10	6
March	12	11
April	18	14
May	13	7
June	11	5
July	8	6
August	14	10
September	15	11
October	12	5
November	8	8
December	12	5

Referrals may not open to CCS for various reasons including; lack of follow through by recipient/family, functional and/or financial ineligibility, mental health provider unwilling to contact with CCS, etc.

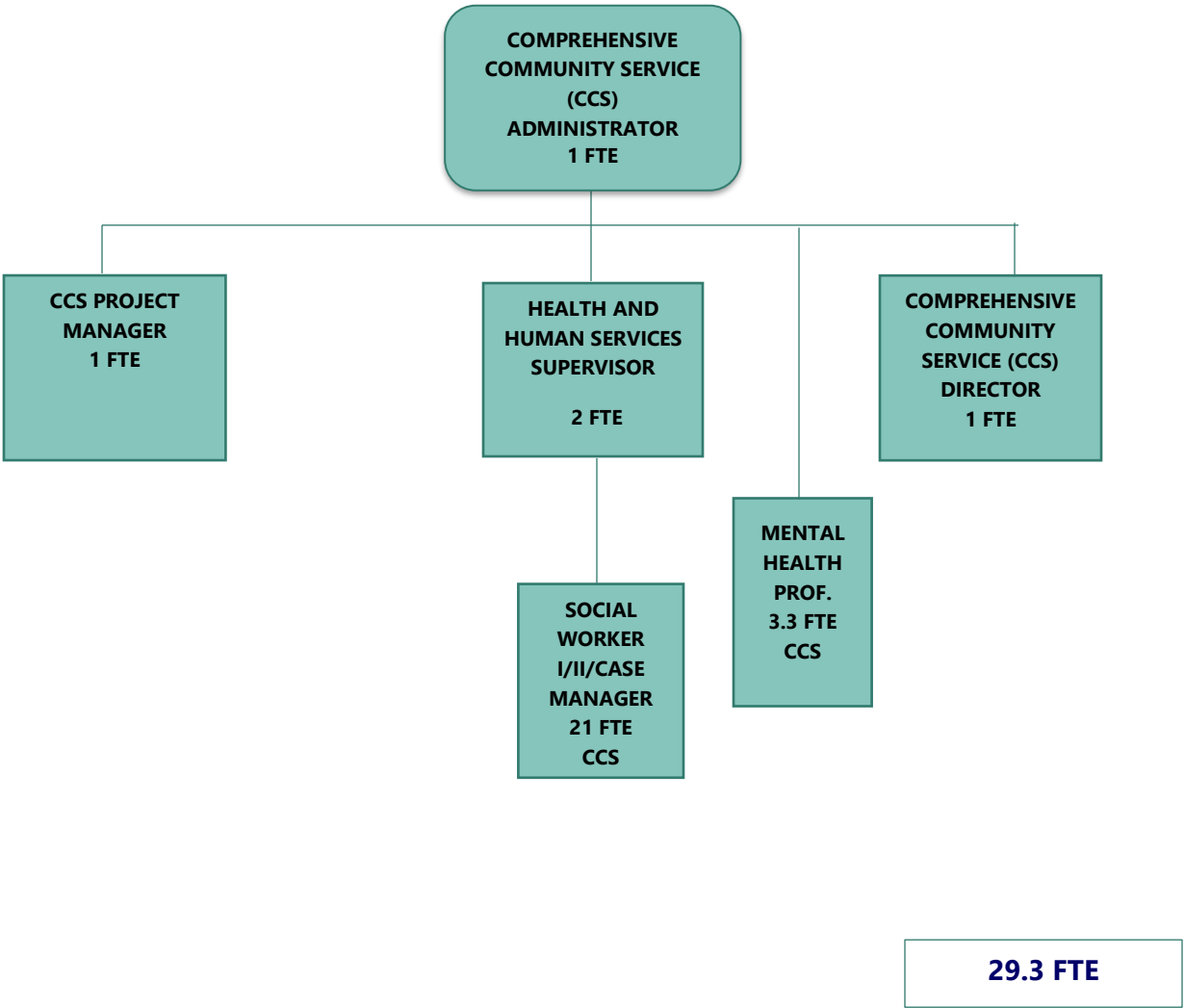
2021 CCS Enrollment

CCS enrollment 2021	Number Served (at end of prior month)	Number Admitted (during this month)	Number Discharged (during this month)	Number Served (end of this month)
MONTH				Y=Youth, A=Adults*
January	112	1	7	106 (Y=94 A=12)
February	106	2	3	105 (Y=95 A=10)
March	105	7	1	111 (Y=100 A=11)
April	111	9	6	114 (Y=100 A=14)
May	114	11	7	118 (Y=103 A=15)
June	118	9	7	120 (Y=105 A=15)
July	120	4	2	122 (Y=108 A=14)
August	122	3	3	122 (Y=107 A=15)
September	122	8	5	125 (Y=110 A=15)
October	125	11	9	127 (Y=109 A=18)
November	127	11	4	134 (Y=117 A=17)
December	135	3	5	132 (Y=115 a=17)

*Adult is defined at time of admission or discharge. Recipient would only be counted as an adult when 18 years of age or older. Recipients could be a child at admission but an adult at time of discharge.

CCS enrollment was impacted by the pandemic in several ways, such as reduced contracted provider capacities and school closures or reduced in-person learning.

HHS – COMPREHENSIVE COMMUNITY SERVICES



HEALTH AND HUMAN SERVICES - Economic Support



Mission Statement: St. Croix County's Economic Support Division provides direct services to the most vulnerable residents of St. Croix County who meet the financial and non-financial eligibility guidelines for access to health care, food, childcare, home energy and heat resources funded through public programs.

Summary of Responsibilities: Saint Croix County is one of 10 counties to make up the Great Rivers Income Maintenance Consortium (GRC) with Barron, Burnett, Chippewa, Douglas, Dunn, Eau Claire, Pierce, Polk, and Washburn. The primary programs for Income Maintenance (IM) include: FoodShare (FS) program; Medicaid (MA) and BadgerCare Plus (BC+) programs. In addition, St. Croix County administers the SSI Caretaker Supplement program (CTS), Wisconsin Home Energy Assistance Program (WHEAP), Wisconsin Shares Child Care (CC) Subsidy, and determines financial eligibility for various long-term care programs. Lastly, Income Maintenance performs program integrity functions including benefit recovery, fraud detection and prevention.

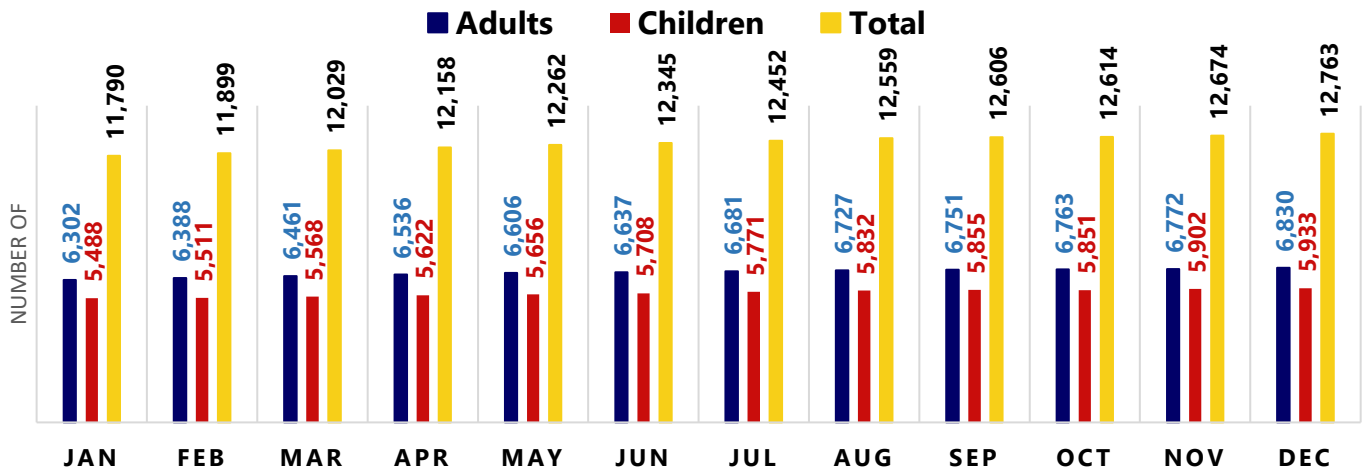
Program Summary:

- **FoodShare (FS):** FoodShare Wisconsin was created to help stop hunger and to improve nutrition and health. FoodShare helps people with limited resources buy the food they need for good health
- **BadgerCare Plus (BC+):** BadgerCare Plus is a program for children under 19 years of age, adults without dependent children, pregnant women, and parents & caretakers in Wisconsin who need and want health insurance. BadgerCare Plus is designed for people who do not currently have access to private health insurance
- **Medicaid (MA):** Wisconsin's ForwardHealth Medicaid plans for Elderly, Blind or Disabled provide health care for those who are: age 65 or older, blind, or disabled. Clients can also enroll in a Medicare Savings Program, and Medicaid may pay their required premiums,

coinsurance, and deductibles for both Part A (hospital-related costs) and Part B (physician-related costs), depending on the program

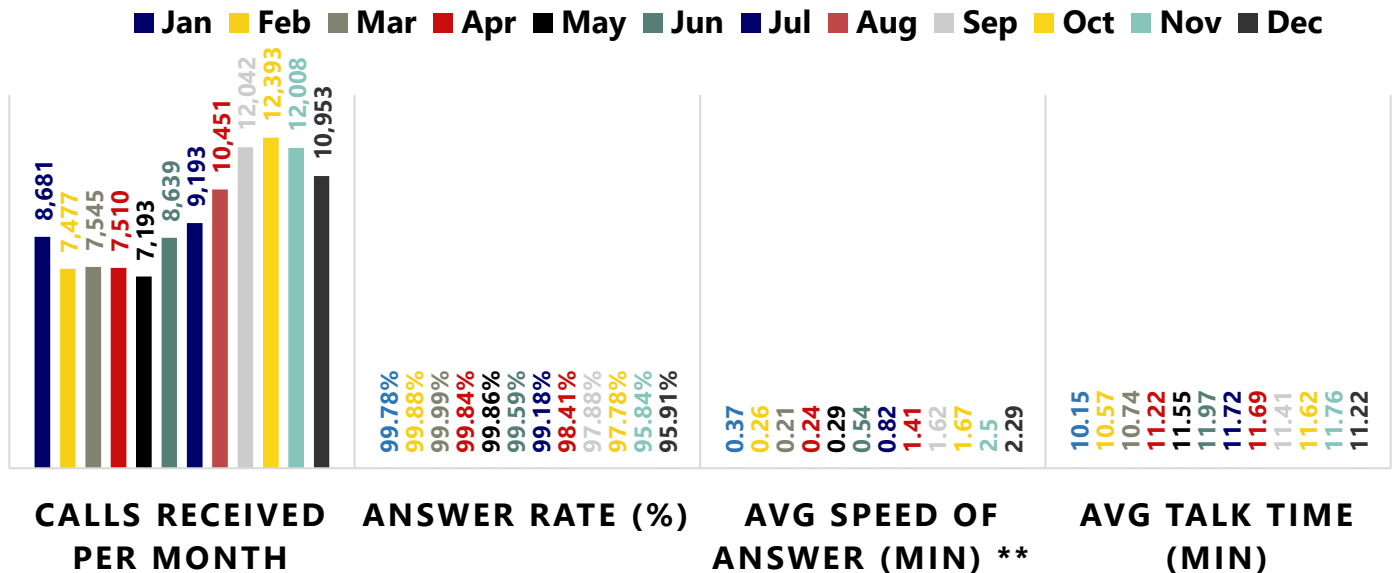
- **Long Term Care (LTC):** Long Term Care (LTC) includes any service or support that a person needs due to age, disability or chronic illness which limits his/her ability to perform everyday tasks. LTC services are beyond, and usually in addition to Medicaid covered services and are designed to meet special needs for elderly/disabled individuals who have LTC needs. LTC programs include Institutional Medicaid, Home and Community Based Waivers (HCBW), Family Care (FC), Partnership and IRIS (Include, Respect, I Self Direct). In addition, the Children's Long-Term Support (CLTS) Waiver Program is specifically a Home and Community-Based Service (HCBS) Waiver that funds community supports and services for children who have substantial limitations in their daily activities and need support to remain in their home or community. Eligible children include those with developmental disabilities, severe emotional disturbances, and physical disabilities. Funding can be used to support a range of different services based on an assessment of the needs of the child and his or her family
- **Caretaker Supplement (CTS):** Wisconsin's Caretaker Supplement (CTS) is a cash benefit available to parents who are eligible for Supplemental Security Income (SSI) payments. Caretaker Supplement is not a Medicaid benefit; it pays cash only to eligible parents. Caretaker Supplement benefits are \$250 per month for the first eligible child and \$150 per month for each additional eligible child
- **WHEAP/LIHEAP:** The Wisconsin Home Energy Assistance Program (WHEAP) manages the subcontract for the federally funded Low-Income Home Energy Assistance Program (LIHEAP) and Public Benefits Energy Assistance Program. In addition to regular heating and electric assistance, specialized services include: emergency fuel assistance, counseling for energy conservation and energy budgets, pro-active co-payment plans, targeted outreach services, emergency furnace repair and replacement
- **Wisconsin Shares Child Care Subsidy:** This program provides financial childcare assistance to low-income parents who are working or preparing to enter the workforce. Administered by the State Department of Children and Families (DCF), the program aims to provide access to affordable, high-quality childcare and early education experiences, to enhance children's development and to support their families in work and parenting roles. In addition, state law requires counties and tribes to certify providers who receive public funding but are exempt from the licensing law. Children Services currently manages the certification piece for St. Croix County DHHS

ST. CROIX COUNTY 2021 INCOME MAINTENANCE RECIPIENTS



Data in graph represents number of recipients rather than number of cases and illustrates Economic Support (ES) serves approximately 13.20% of Saint Croix County's population using the U.S. Census Bureau census (93,536 from April 1, 2012), an increase from 11-12% in past years likely attributed to the COVID-19 pandemic. In the 10-county consortium, the percentage of population served ranges from 13% for St. Croix County to as high as 28% for Burnett County.

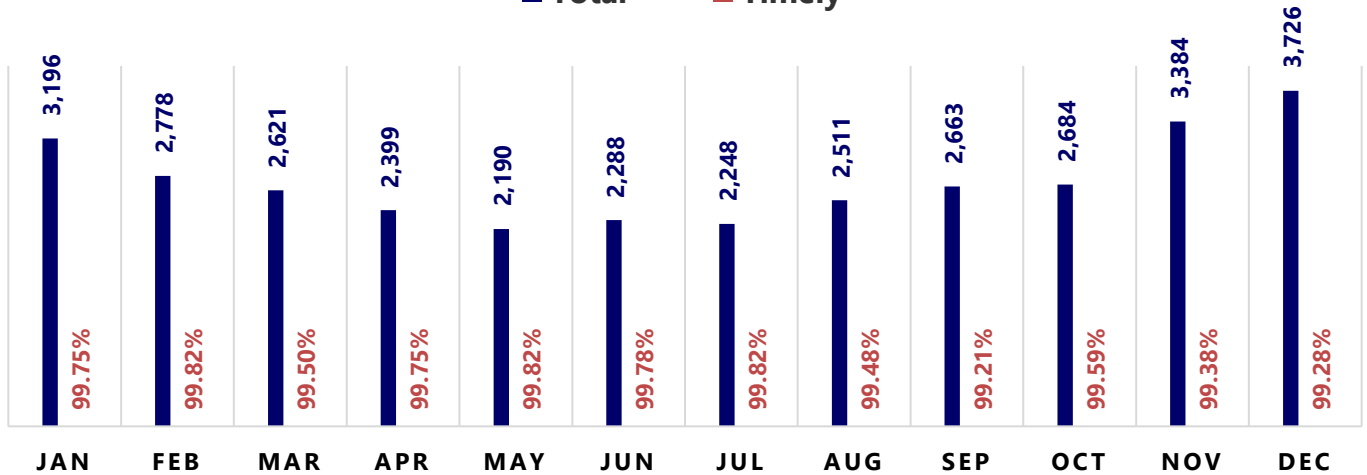
GRC - 2021 YTD CALL DATA



Data below includes applications and renewals for FoodShare and Medical Assistance, although may also include the Child Care program. The contractual requirement based on a Federal performance standard is that 95% or more applications and renewals are processed timely. Residents of St. Croix County as a member of the Great Rivers Consortium have consistently experienced processing times that have well exceeded the standard.

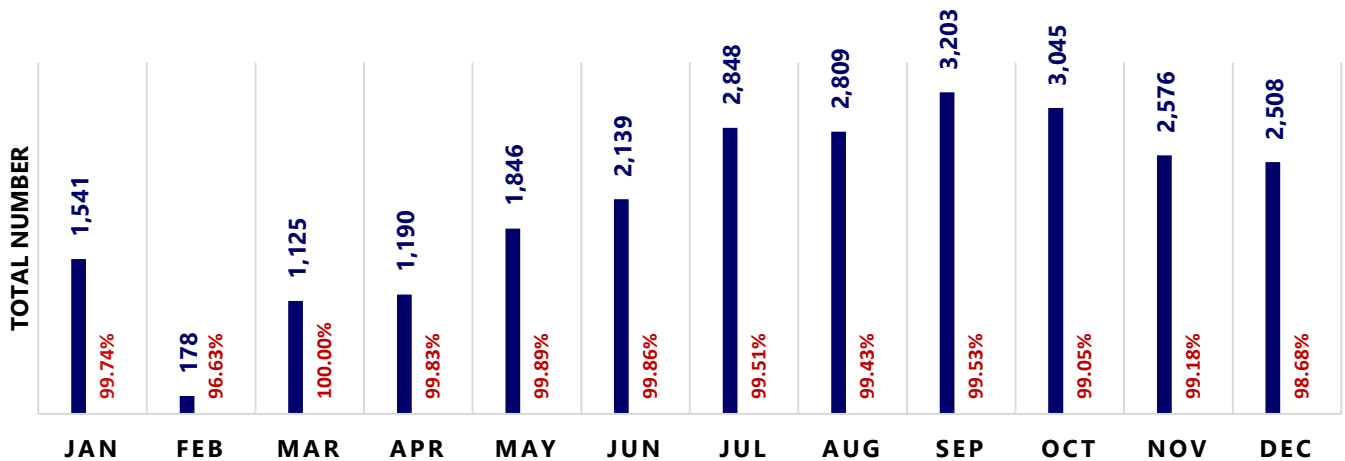
GRC - 2021 APPLICATIONS

■ Total ■ Timely

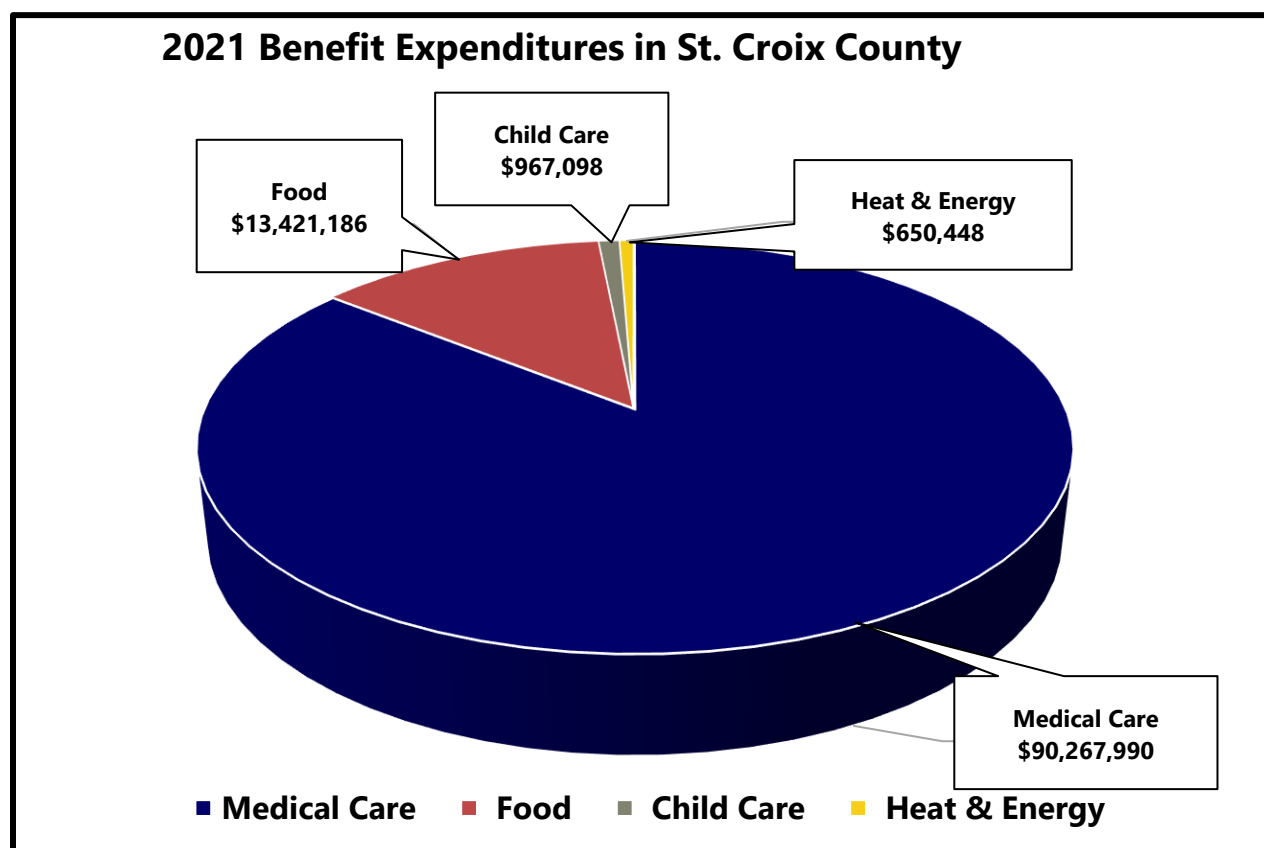


GRC - 2021 ANNUAL RENEWALS

■ Total ■ Timely

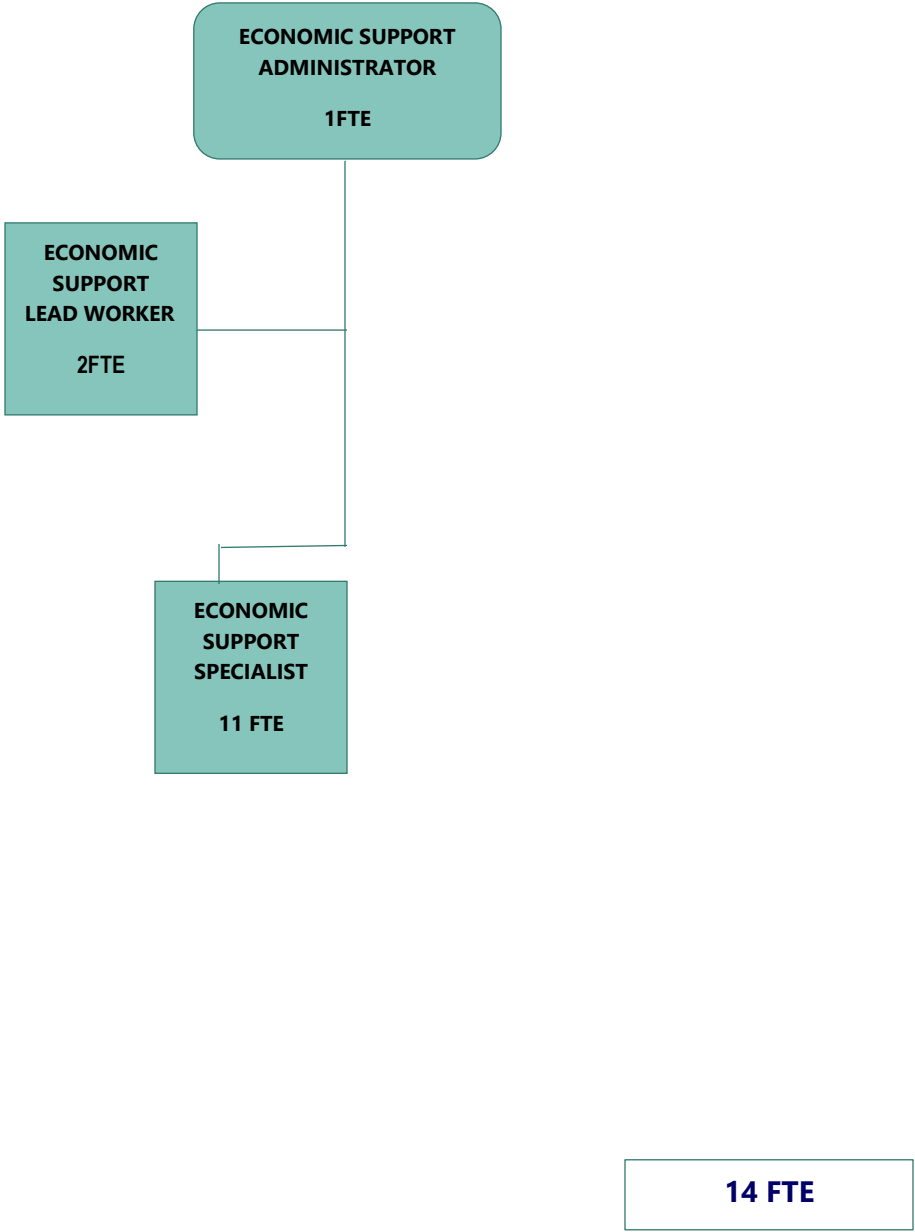


St. Croix County and Great Rivers Consortium expenditure's data below both reflect benefits administered by local staff and regional/virtual call center staff serving consumers across the 10-county consortium. The benefits generated by work completed by our division/consortium not only provide help to vulnerable and low-income residents, but also help support local and areas business, including grocery and convenient stores, hospitals and clinics, day care centers and child care providers, and electric and heat vendors.



Programs	Child Care	Heat and Energy	Food	Medical Care
2021 SCC Expenditures	\$967,098	\$650,448	\$13,421,186	\$90,267,990
2021 Great Rivers Consortium Expenditures	\$9,097,843	\$9,686,750	\$142,265,140	\$797,799,458

HHS – ECONOMIC SUPPORT



HEALTH AND HUMAN SERVICES – St. Croix County Health Care Campus

Mission Statement: Delivering service with compassion and respect for our residents, tenants and staff focusing on resident centered care to provide the highest quality of care, treatment, and rehabilitation.

Summary of Responsibilities: To provide care and services to residents and tenants that is necessary to attain the highest practical physical, mental, and psychosocial well-being in accordance with the resident-centered comprehensive assessment and plan of care, and Individual service plan.

The Health Care Campus: The St. Croix County Health Care Campus is dedicated to upholding high standards of quality care while providing our residents with dignity, respect, and a sense of security. Our 108-bed campus offers a variety of care options sure to meet the needs of you or your loved one. From short rehabilitation stays to making this a long-term solution for a person's care needs, our friendly and highly skilled staff help make the transition smooth. The Health Care Campus is made up of three distinct units, each offering a different level of service to meet the needs of our residents.

Over the past 2 years the Health Care Campus (HCC) was especially challenged with keeping residents and staff safe as the COVID-19 pandemic unfolded. The success of the HCC in preventing serious outbreaks and death due to COVID-19 is remarkable and a tribute to employee efforts to protect the residents of our facilities-who are at an especially high risk of contracting this disease. Prevention and mitigation efforts were at times stressful as HCC navigated this pandemic and adjusted to evolving guidance from the state of Wisconsin, CMS, CDC, and Public Health. Some services, such as those provided through Kitty Rhoades, continue to be suspended due to challenges associated with keeping that population safe and due to current workforce shortages. Census numbers were affected generally as precautions were taken to provide adequate safeguards and distancing, while rehabilitation services were dramatically reduced.

- **Health & Rehab Center-Skilled Nursing-** Short term care is designed to help individuals recover from surgery, injury, or an illness as they reclaim their independence. Our team provides all of the tools necessary to get residents back to a level of functioning where they are able to return home. While long-term care provides a warm and inviting space to ensure our residents and visitors feel right at home. Small neighborhoods create a family like atmosphere allowing residents to build relationships while promoting community integration and socialization. Our skilled team of Nurses and Certified Nursing Assistants are available around the clock to provide individualized care to each of our residents

- **Kitty Rhoades Memorial Memory Care Center-** Was designed to help individuals and their families, struggling with Dementia and the behaviors associated with Dementia. This facility is currently being reviewed to determine the best use of the facility that would most benefit the citizens of the County
- **Orchard View Terrace-** Combines independent living with the comfort of knowing support is available around the clock. This facility is made up of an assisted living and memory care unit allowing us to serve individuals with dementia and other forms of memory loss as well as elderly adults in need of some assistance with daily living skills. Our goal is to help the tenants and your families reach and maintain a level of independence while providing the tenants with a sense of community in our warm, home-like environment
- **Outpatient and Inpatient Therapy-** Our therapy department is able to provide services to both the residents within our community and the residents in the surrounding area, providing Physical, Occupational and Speech therapy as needed. We are also able to provide pool therapy that assists in building strength and relieving pain. In addition, we provide Lymphedema therapy, and Accelerated Care Plus therapy providing evidence-based clinical programs in: dysphagia, fall prevention & balance, cardiopulmonary, continence improvement, Neuro Rehab, orthopedics, pain management and wound management with state-of-the-art equipment

Skilled Nursing Census Data

Health and Rehab Center (Skilled Nursing) Data		
	*Annual Number of Admissions	Average Daily Census
2019	86	44.32
2020	84	37
2021	87	30

*New Admissions are labor intensive, as they require thorough review of medical records, insurance status and nursing assessments.

Orchard View Terrace Census Data

Orchard View Terrace Census Data		
	Actual Census Days	Average Daily Census
2019	4,827	13
2020	7,547	21
2021	8,680	24

Health Care Campus Outpatient Rehabilitation Statistics

	Outpatient Clients Served	*Units Billed
2017	25	1,038
2018	33	3,204
2019	31	2,756
2020**	23	1,368
2021**	26	1,027

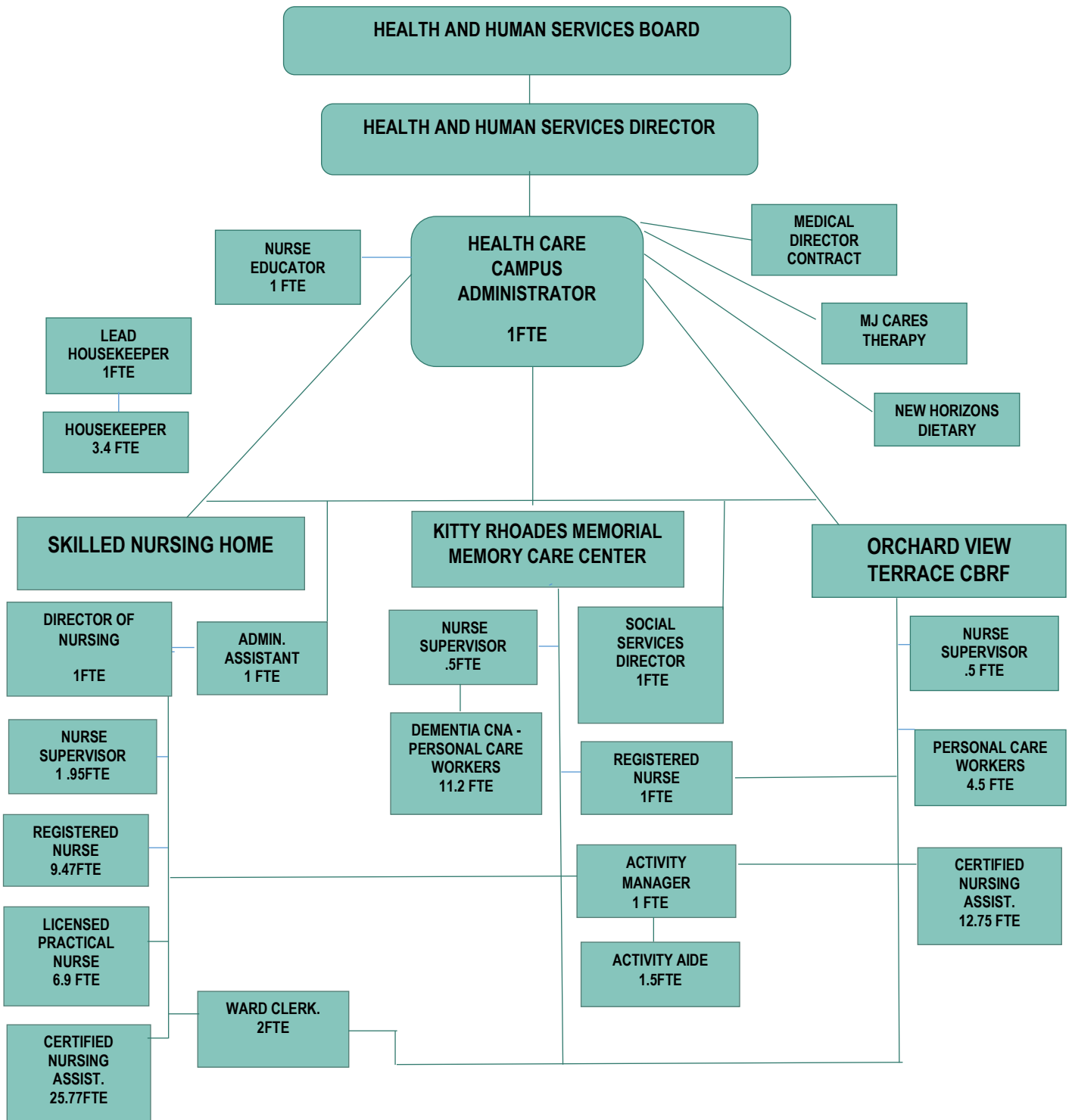
* Unit equals 15 min. of billable time ** Due to COVID-19 rehab was very limited in 2020 & 2021

Health Care Campus COVID-19 Data

Health Care Campus Vaccination Rates		
	Health & Rehab Center	Orchard View Terrace
Residents/Tenants	100%	97%
Staff	72%	51%

2021 Health Care Campus COVID-19 Illness		
	Health & Rehab Center	Orchard View Terrace
Residents/Tenants positive for COVID-19	3	1
Community Acquired	2	1
Inhouse Acquired	1	0
Affected Staff @ Facility	13	7

HHS – HEALTH CARE CAMPUS



**Total Budgeted FTE
88.44**

**Health & Rehab Center
Kitty Rhoades
Orchard View**

HHS – PUBLIC HEALTH

